

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis

(No. St. Anthony Hospital)

File No. 24648

Registered No. 6044

St. Ward)

2. FULL NAME

(a) Residence, No. 3002 Oak Clair St. NY Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Andrew Muehlhauser

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Janacke

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Andrew Muehlhauser (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Park DATE July 12 1933

19. UNDERTAKER J. H. Gifford (ADDRESS) 2630 Broadway Ave

20. FILED J. Bredeck REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to July 10 1933

I last saw him alive on July 10 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Meningo encephalitis Date of onset 6-24-32

7 1934 Other contributory causes of importance: measles 5-2-33

Name of operation none Date of What test confirmed diagnosis? cause Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Pharois M. D. (Address) 2741 Pharois St. Ind. Mo.

